Department of Health

Province of Nova Scotia

Report for the year ended March 31, 1984

85-3562/

DEPARTMENT OF HEALTH
PROVINCE OF NOVA SCOTIA

REPORT FOR THE YEAR ENDING MARCH 31, 1984

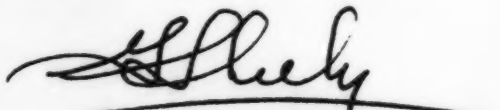
To His Honour,

The Honourable Alan R. Abraham, C.D.,
Lieutenant Governor of Nova Scotia

Sir:

I beg to present herewith the Annual Report of the Department of Health for the year ending March 31, 1984.

I have the honour to be,
Sir,
Your most obedient servant,



Gerald Sheehy, D.V.M.
Minister of Health

March 31, 1984

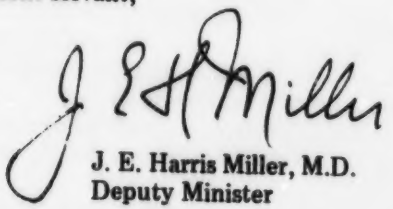
To The Honourable Gerald Sheehy
Minister of Health

Sir:

I have the honour to submit herewith the Annual Report of the Department of Health for the year ending March 31, 1984.

Health Unit and Division reports are abridged versions of the complete reports, which are available in the Department.

I have the honour to be,
Sir,
Your obedient servant,



J. E. Harris Miller, M.D.
Deputy Minister

March 31, 1984

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This report is a summary of highlights of the year for the Department as well as a summary of some key activities of the various Divisions within the Department. It is intended to give a brief overview of the Department's activities in the Province during the year 1983-84. For those who would like further information on these activities, Health Units and Divisions within the Department have prepared reports and analyses of a more detailed nature.

For the fiscal year 1983-84 the Department of Health organized its major functions and support services as outlined below:

DEPUTY MINISTER -

Administrator - Health Care Institutions
Administrator - Psychiatric Mental Health
Administrator - Community & Environmental Health
Administrator - Finance
Administrator - Information Systems & Research
Director - Vital Statistics
Director - Personnel

Legal Counsel

HOSPITAL AND MENTAL HEALTH PROGRAMS

HEALTH CARE INSTITUTIONS

The Division is responsible for the Department's programs and services to Health Care Institutions. The principal functions of the Division in fulfilling its responsibilities include:

- *monitoring general hospital operations*
- *monitoring the maintenance of hospital standards*
- *review and evaluation of hospital staffing*
- *hospital staff training and development*
- *hospital planning and construction*
- *budget review and monitoring of approved hospital expenditures*
- *provision of consultant services to hospitals*
- *hospital services planning*

The Province, for purposes of planning and reviewing the population utilization of hospital services is divided into nine regions. Three Directors cover the hospitals and centres in each of these Regions, sharing the responsibility for Region IX which includes the Halifax Metro area.

Staff changes during the year saw the retirement of one of the Dietary Consultants whose position was filled in October; and the resignation of the Co-ordinator, Health Facilities Planning, whose position is to be filled in April 1984. The Administrative Co-ordinator position, vacant for close to two years, was filled in September. The Electrical Engineer position which had been vacant for a year was filled in November. Although these turnovers caused some disruption in the work of the Division, essential accountabilities within the responsibilities listed above were maintained.

"Team Visits" started in 1979/80 and curtailed during the recession, saw visits to Highland View, Strait Richmond, Dartmouth General, Sydney City, St. Rita and Northside Harbour View Hospitals during fiscal 83/84. These team visits included a total review of hospital performance beginning with the review and clarification of the hospital role and proceeding through a detailed evaluation of hospital performance on a department by department basis. At these team visits the Department is represented by the Administrator, Regional Director, and Staff Consultants from the Division of Health Care Institutions, Finance, and Systems and Research. Appropriate External Consultants are also involved where required. The importance of these team visits is underscored by the fact that at many hospitals Board Members and Medical Staff attend all or part of the sessions in addition to the major Department Heads, taking an active role in the discussions. These visits continue to be received well as they assist in clarifying role, problem areas and provide a relatively open forum for discussion and understanding between the Department and the hospital. Individual visits by Regional Directors and Consultants continue throughout the year on a regular basis in response to requests for assistance, where problems are noted and as part of an overall visit schedule for all hospitals in the Province.

A number of new and substantially revised policies were issued during the year. The Staffing Guidelines, which have been on a trial basis for the past two years were reviewed and revised as required and have been issued as part of the Reference Manual. The Personnel Education Programme (P.E.P) was completely rewritten to reduce the amount of administration particularly for the less costly educational programmes. Only programs with a total cost exceeding $3,500 will require Department of Health approval.

The Division also undertook a major review of policies and procedures with respect to the procurement of equipment for hospitals. The Draft of this revision was reviewed through five regional meetings with hospital staff and was generally accepted as an improvement over the previous policy. The intention of the policy was to provide greater flexibility for the hospitals in determining equipment purchases; to classify items under

$200 as expense; and to provide for a schedule to plan for the continuing need for major equipment.

The two year Pilot Project of a Shared Dietitian to serve the Eastern Shore region was completed in February 1984. The objective of the project was to evaluate the efficiency and effectiveness of providing dietitian services to a rural region to serve not only the three small hospitals but also allied agencies and the community. The statistics generated in the first six months verified the need for a dietitian. Services provided included: therapeutic diet counselling to in-patients and out-patients; in-service sessions to dietetic and other hospital personnel; development of policy and procedure manuals; development of diabetic follow-up clinics; addressing community groups on nutrition related topics; and, providing consultation services to allied services. As the project has been successful the position has been approved on a permanent basis.

A micro-computer was placed on the 6th Floor for use by the Department. A number of the staff have taken advantage of this opportunity to collect and analyze data, to assist in substantiating decisions and recommendations. Some of the Tables are shared within the Division as well as the hospitals concerned. The intention is that this tool will assist the staff and hospitals in evaluating health care services towards more effective delivery.

Although the Department in many instances does not get involved with monitoring specific standards unless obviously called for, it does encourage hospitals to seek accreditation through the Canadian Council on Hospital Accreditation. Accreditation Standards are developed by health care professionals nominated by their professional associations. The following Table indicates the hospitals and beds accredited in the Province in total number and the percentage of the total. It should be noted that Nova Scotia has the highest percentage of hospitals and beds accredited in Canada. Further, the Province does not require hospitals to be accredited. They are encouraged to do so and must provide a copy of the Report of each accreditation survey to the Department.

NOVA SCOTIA/CANADA
COMPARISON OF HOSPITALS & BEDS ACCREDITED

	HOSPITALS			
	Total	Non Accred.	Accred.	% Accred.
Nova Scotia	51	13	38	74.5
Canada	1,206	575	629	52.2

	BEDS			
	Total	Non Accred.	Accred.	% Accred.
Nova Scotia	5,931	205	5,726	96.5
Canada	161,719	38,066	123,642	76.5

Workload Measurement Programmes continued through the year. The Radiology Workload Measurement System implemented in fiscal 82-83 appears to be operating adequately providing the required information to analyze productivity and cost factors. A Respiratory Technology/Pulmonary Function Workload Measurement System was introduced at the end of this fiscal year for implementation in 1984-85. Perhaps one of the major studies started this year is in the area of Laboratory Workload and Payment processes. The annual increase in laboratory services continues to be phenomenal, therefore, it was decided to conduct a study of various Workload Measurement Systems and Payment Methodologies. It is anticipated the results of this study will be published and the recommendations implemented in time for the 1985-86 fiscal year.

Divisional staff are members of various national and regional committees on such topics as workload measurements and productivity; hospital accreditation; professional associations; health services standards, energy conservation, equipment construction standards, design and safety; regional and national health services policy advisory groups; a national management information system project; therapeutics (pharmaceuticals, radiotherapy, respirology, and dietetics), and purchasing. With the exception of

the administrator of the division, the time commitment to these committees is not extensive but does allow for input from our staff to regional and national programs on policy development as well as maintaining professional contacts for information sharing, co-ordination and co-operation.

Throughout the year, staff of the Division were involved in planning and construction activities at the following hospitals:

All Saints Hospital: Planning for construction mainly for ambulatory care facilities.

Digby General Hospital: Planning for an extension to include ambulatory care services.

Fishermen's Memorial Hospital: Planning and approval for a 25 Bed DVA Unit.

New Waterford Consolidated Hospital: Construction is now 90% completed on a $1.2 million building project.

Glace Bay General Hospital: Plans have been approved for a new Glace Bay General Hospital with an anticipated construction start of May 1984.

Northside Harbour View Hospital: Work is substantially completed on Ambulatory Care/O.R. expansion and is due for opening in May 1984. Work is also started on a $5 million renovation project to the older portion of the hospital.

Soldier's Memorial Hospital: 20 DVA Beds are approved for the hospital.

Colchester Hospital: Planning has proceeded for construction and renovation (PHASE I) on an ambulatory care unit including

radiology, emergency/ambulatory, admitting, medical records and a diabetic day care service. The programme is due for implementation in 1984-85.

Dawson Memorial Hospital: Considerable planning has been going on throughout the year for a major development of the regional facility at this hospital.

Highland View Hospital: Construction of an ambulatory care unit is being planned.

St. Martha's Hospital: A functional programme for a new St. Martha's Hospital has been approved by the Department. As it may take a number of years before a new hospital is actually constructed, renovations continue as well as the construction of a new Radiology Building for the hospital.

Sydney Regional Hospital: Planning continues on a Role Study for the Regional Hospital. It is anticipated this should be finalized in June of 1984.

Camp Hill Hospital: Several Nursing Units at this hospital were upgraded, also the Intensive Care Unit was enlarged and upgraded.

Grace Maternity Hospital: Planning continues regarding a new Grace Maternity Hospital which is expected to be located in close proximity to the I.W.K. Hospital.

Halifax Infirmary: With the Camp Hill project put 'on hold' it was necessary to do some planning for upgrading the Halifax Infirmary. The hospital will be proceeding in the new fiscal year to renovate and add extensions on the 7th and 8th floors to include a larger Surgical Suite, Recovery Room area, Day Surgery and Intensive Care Unit.

Victoria General Hospital: Construction and installation of a Hyperbaric Unit has been substantially completed. A new School of Ultrasound Technology is being planned. Approval has been given for a major Computer installation as well as a Liver Transplant Programme.

Nova Scotia Hearing & Speech Clinic: The following new services were implemented throughout the Province by the Clinic:

(1) *An Audiologist at Sydney Mines;*
(2) *An Audiologist at Valley Health Services Association;*
(3) *An Audiologist at Yarmouth; and*
(4) *The services of a Speech Pathologist in both Truro and Port Hawkesbury.*

As a result of greater emphasis being placed on Fire Inspection of our hospitals a considerable number of grants were provided to hospitals to upgrade fire detection and protection systems. This action greatly increases the safety of patients while hospitalized.

Many of the hospitals saw approval of Special Maintenance Projects necessary to keep the hospitals in good working order. There were also a number of Energy Conservation Projects conducted in the hospitals throughout the Province which provide future cost savings.

PSYCHIATRIC MENTAL HEALTH SERVICES

During the fiscal year 1983-84, the Division of Psychiatric Mental Health Services, under the direction of the Administrator, reporting to the Deputy Minister of Health, continues its role of overall planning and oversight responsibilities in regard to the development of comprehensive mental health services on a decentralized basis throughout the Province. In this regard, the Division approves all budgets for psychiatric facilities and psychiatric services included as non portable blocks of general hospitals. The Division evaluates and approves new construction, monitors standards, provides staff training and development, and consultative services.

The principal highlights of the year were the following:

- *Retirement of Dr. F.R. Townsend* - - - In June of 1983 Dr. F. R. Townsend retired from the position of Administrator, Psychiatric Mental Health Services after 16 years in that position. During his tenure major advances were made in the provision of mental health services in the Province. Community mental health centres established under his predecessor were merged with regional hospitals as the basis for the future development of integrated mental health services in the Province and the operation of mental hospitals, serving chronic long stay patients in Kings County and Halifax County, were transferred to the Department of Social Services.

Doctor Townsend was succeeded by Dr. D.W. Archibald who came to the Department from the Fundy Mental Health Centre in Wolfville, where he served as Medical Director.

- *Merger of Psychiatric Services in Valley* - - - Discussions which have taken place over seven years resulted in the merger of Psychiatric Mental Health Services in the Valley region, effective April 1, 1983. This merger involved the Fundy Mental Health Centre, located in Wolfville providing outpatient services, being amalgamated with the Valley Health Services Association in Kentville, operating a Psychiatric Day Hospital, as well as the transfer of the operation of the two units in the Kings Regional Health and Rehabilitation Centre in Waterville to the Valley Health Services Association for the treatment of psychiatric cases. This merger will result in better coordination of psychiatric services in the Valley region through the development of a

comprehensive mental health service.

- *Hants Community Hospital* - - - In November, 1983, Doctor Sheehy officially opened the Mental Health Clinic in the Hants Community Hospital in Windsor.

- *Digby General Hospital* - - - Effective July 1, 1983, the Digby General Hospital ceased the provision of Psychiatric Mental Health Services through its own Mental Health Centre. Responsibility for the provision of outpatient mental health services to Annapolis County was transferred to the Valley Health Services Association. An arrangement was made whereby mental health services to Digby Town and County would be purchased by Digby General Hospital from the Yarmouth Regional Hospital, using the recently renovated mental health space at the Digby General.

- *Master's in Psychiatric Nursing* - - - In June, 1983, the Department established a limited bursary program for the training of nurses at the Master's level, as well as for the provision of a two year bonus for the recruitment of nurses with this qualification. The purpose of this policy was to assist facilities in obtaining nurses for outpatient services trained at the Master's level. There has been an encouraging response to this program.

- *Abbie Lane Unit - Camp Hill Hospital* - - - The merging of the Abbie Lane with Camp Hill was completed during 1982-83. Following the merger, the Inpatient Units in the Abbie Lane were closed and Outpatient and Day Hospital services relocated. The Inpatient unit in Camp Hill was increased from 10 to 21 beds to partially compensate the closure of beds at the Abbie Lane building. Renovations, which were delayed due to strikes, are currently underway and it is expected that during 1984 the Camp Hill Department of Psychiatry will move into the renovated facilities.

- *Nova Scotia Hospital* - - - Planning continues for the development of a 100 bed long-term psychiatric unit on the property of the Nova Scotia Hospital.

Mr. Victor Simpson, Administrator of the Nova Scotia Hospital for the past 16 years retired in July, 1983. Mr. Frank Chalmers, previously Assistant Executive Director in Windsor, Ontario, has

been named as his successor.

During the past year the Division approved functional programs for the expansion of psychiatric mental health services at Dawson Memorial Hospital, St. Martha's, and Glace Bay General Hospital.

- *Once More for Children* - - - The Study, Once More for Children, commissioned by the Department of Health through the Metropolitan Mental Health Planning Board engaged Dr. Jerry Barkow as principle investigator and his report was completed in 1983. The Minister of Health has circulated this report to mental health facilities, agencies and professional associations, as well as the Departments of Social Services and Education for review and comments. By the end of 1983-84 no official position has been reached by the Department on the Report or its recommendations.

- *Guidelines for the Planning and Development of Mental Health Services* - - - Following a review of the Guidelines prepared by the Division for the planning of mental health services, they were discussed at the annual Senior Staff Meeting for mental health professionals and administrators from across the Province, and subsequently officially approved by the Department of Health.

Staff - Division of Psychiatric Mental Health Services

Administrator - Dr. F.R. Townsend, M.D., F.R.C.P.(C) April 1 - June 30/83
Administrator - Dr. D.W. Archibald, M.D., F.R.C.P.(C) June/83 - March/84
Director - Mr. D.G. Higgins, B.Com., D.H.A.
Psychiatric Nursing Consultant - Ms. A. Goodwin, R.N., B.N., M.S.
Social Work Consultant - Mr. W.K. Twaddle, M.S.W., R.S.W.
Psychology Consultant - Dr. W.A. Draper, B.A., M.A., Ph.D.

PUBLIC HEALTH PROGRAMS

COMMUNITY & ENVIRONMENTAL HEALTH SERVICES

- *NURSING DIVISION* - - - The Department of Health employs approximately two hundred community health nurses and certified nursing assistants to provide nursing services to people in homes, schools, clinics and classes throughout the Province. Nursing services are provided to people of all ages to promote health, prevent illness and provide home care nursing as required.

Community health nursing staff made in excess of 175,000 home visits in 1983. Most of these were to children under one year of age and to persons aged 65 years and older. Nursing care was associated with one visit in every three.

Maternal and Child Health is the primary prevention program of community health nursing. This program includes prenatal education in the home and in classes, postnatal and infant home visiting and for health assessment and supervision. Special attention is given to promotion of breast feeding, smoking cessation and to mothers and infants who are at risk.

Immunization is promoted and clinics are held in the Province on a regular basis to offer children and adults protection against the vaccine preventable diseases. Clinics are organized in the schools each year to ensure that every opportunity is provided for children to maintain their immunization status.

Communicable Diseases Control continues to be a regular program for the community health nurses. In addition to follow-up of persons with a communicable disease and their contacts, the nurses are involved in the collection of data on certain diseases in the community, such as influenza.

Nursing services to the elderly are increasing and are provided in their home and in well elderly clinics. Services include health promotion, nutrition education, personal care, nursing care and health supervision. Most of the 53,000 visits were made to the elderly who had cardiovascular diseases, othopedic problems, diabetes, cancer and genitourinary diseases.

Health Promotion projects were organized throughout the Prov-

ince and emphasis was placed on smoking prevention and cessation projects in schools and the community.

Continuing community health nursing programs included School Health, Mental Health and Psychiatric Care Follow-up. Other projects were carried out in the community in cooperation with other agencies and organizations.

Professional development programs were provided to the nursing staff in order to promote and maintain professional competence. The nursing personnel also attended educational programs offered by health, social and professional organizations.

The nursing staff of Pictou and Lunenburg Counties continued the home care pilot projects. This is a joint project of the Community Health Services Division and the Department of Social Services. Home care nursing services are offered to persons who are 60 years of age and over. Referrals are made from the Home Care project to other community agencies as necessary.

- *HEALTH PROMOTION DIVISION* - - - The health promotion division develops and coordinates the department's health education and health promotion programs and strategies which are designed to improve the health status of the population by focusing on the major identifiable health issues such as immunization; pre and post natal care; nutrition; dental health and sanitation. Programs are developed in consultation with the seven health units and provincial health agencies, organizations and professional associations.

During the 1983-84 program year the HEALTH PROMOTION DIVISION:

(a) worked with the other Atlantic provinces and the federal health promotion directorate in developing a parenting resource program entitled "Nobody's Perfect;"

(b) cooperated with the provincial Medical Society in a back to school immunization campaign and initiated a multi media campaign designed to eliminate indigenous measles within the province;

(c) further developed the department's anti-smoking cam-

paign entitled "I Agree Smedley" including a cooperative T.V. campaign with the provincial Council on Smoking and Health;

(d) offered a 5 Day Plan to quit smoking to Department of Health employees in the metro area and supported a Weedless Wednesday Corporate Challenge within 8 industries in the province;

(e) cooperated with the Nova Scotia Dental Association in conducting a province wide radio campaign designed to make parents aware of the M.S.I. dental health program for children and to encourage annual visits to the dentist;

(f) assisted the Medical Society with the production and distribution of a new brochure entitled "Pregnancy and the Rh. Factor;" and

(g) continued as an active participant of the Health Education Advisory Committee for the Dartmouth School Board; the Red Cross Elementary Program Committee; the N.S. Council on Smoking and Health; and the newly formed Association for the Advancement of School Health Education (AASHE).

The Division continued to provide support services to the other sections within the Community Health Services Division.

- *NUTRITION DIVISION* - - - Nutrition Services continues to focus on nutrition education programs designed to promote health and prevent disease/illness.

Ten community nutritionists located in Health Units throughout Nova Scotia implement community nutrition programs.

The limited number of staff dictate that the nutritionist provide guidance and information to other professionals and community educators rather than work with the public directly. The exception is their role as instructors in prenatal classes, pre-retirement courses and their regular contact with citizens through the media.

The primary program emphasis at this time is maternal and child

health. Consequently, nutritionists work routinely with health professionals and voluntary agencies, preschool centre staff, educators in the school system and leaders of community groups. A close liasion is maintained with the Departments of Education, Social Services and Agriculture.

Nutrition Services is a major source of printed nutrition information for professionals and the public. In 1982-83 ten issues of "Nutrition Currents" a two page update on topics such as feeding preschoolers, assessing popular diets, was distributed to health and social support workers, educators and media contacts.

"Year One, Food for Baby" is distributed by Community Health Nurses and Grace Maternity Hospital staff to parents of all newborns in the province. Health professionals report that motivated parents use "Year One, Food for Baby" on a day-to-day basis. This year "Prenatal Nutrition, A Guide for Professionals" was developed to improve the nutrition component of prenatal health care. Community nutritionists have promoted the Guide through professional journals, one-to-one and group consultation/education sessions.

The school program continues to change and develop. The community nutritionists actively promote the need for nutrition education among school decision makers. This year services included the teacher updates, resource (such as films, books) lending services, analysis of adolescent eating habits as background for district school boards, training for school food service staff and assistance in developing district health programs.

Nutrition Services provides a consultative role to Department of Social Services Day Care branch. Community nutritionists review menus served in centres and provide feedback to Day Care Services for their use in renewing licenses. Training programs for staff of preschool centres are an ongoing part of the services provided by Nutrition Services.

In 1983, an average of 42% of the community nutritionists time was devoted to the preschool and school programs while 20% of their time was spent on delivery of prenatal programs.

Community nutritionists are represented in a wide variety of organizations ranging from the Federal-Provincial Sub-Committee

on Nutrition to a day care centre board to Women's Health Education Network to boards of voluntary health agencies to boards and committees of professional associations at the local, provincial and national level. These avenues continue to be effective in influencing the policies and priorities of organizations that have the potential to impact on the nutritional health of Nova Scotians.

- *EPIDEMIOLOGY* - - - In general, no major outbreaks of a communicable disease occurred during 1983-84. Routinely collected surveillance data continues to demonstrate a significant downward trend in the incidence of tuberculosis, providing supportive evidence for the Department's current tuberculosis control policies. Although the reported number of cases of gonorrhea has appeared to have declined in 1983-84, sexually transmitted diseases continue to be a major problem because of a growing awareness of newly recognized diseases such as chlamydia trachomatis, herpes and AIDS.

Thanks to the widespread acceptance by the public and excellent cooperation by primary health care providers, the Department's immunization strategies have succeeded in maintaining a low level of vaccine-preventable diseases. Although still a threat in developing countries, polio has been virtually eliminated from all Canadian provinces for a number of years. Measles, rubella and whooping cough are still an important cause of childhood illness. However no cases of congenital rubella have been reported since 1974; moreover, a significant decline in measles activity would appear to have occurred in this past year. Nevertheless, the potential for outbreaks of these diseases still exists particularly due to importation from other countries, so that our strategy for the future must be aimed at maintaining as high an immunization level as possible in all residents of our province. Influenza immunization was again promoted for administration to high risk groups with an apparent increase in the number of vaccinees. Despite active influenza province-wide surveillance, no major outbreaks of influenza illness were detected during the 1983-84 "flu" season.

A dramatic increase in the activities of this Division in non-communicable disease epidemiology, occurred during 1983-84. Epidemiology played a major consultative role in various important environmental and occupational health issues. These

issues included, for example, the potential long-term human health effects due to low level chemical contaminants in drinking water, and the health hazards associated with the use of herbicides in forestry management. Investigations were also conducted into several small cancer clusters.

Finally, Epidemiology also pursued activities in the field of chronic diseases with the development of a long-term investigation into the high rate of mortality due to cardiovascular disease which has been observed in this province over at least the past 10 years.

- *DENTAL DIVISION* - - - The Department of Health continued operation of the Dental program during the fiscal year ending March 31, 1984, by rendering treatment and preventive dental services to elementary-aged children and pre-schoolers. Children in dentally underserviced areas and those at high risk to dental decay represents the target population and were considered top priority recipients under the program.

Services provided by dentists consisted of oral examinations, diagnostic services, restorative treatment consisting of fillings, emergency services including dental extractions, consultation and referral and preventive services. Support for and promotion of fluoridation was extended to those communities requesting assistance and information.

Dental Hygienists employed by the Department of Health provided preventive dental services in underserviced, high-risk, non-fluoridated areas of Nova Scotia aimed at pre-school and elementary-aged children. These services include dental examinations (screening), prophylaxis (cleaning of teeth), fluoride applications, parent consultation and patient follow-up, and referral for dental care. Oral Health Promotion continued as the other major activity of dental hygienists, both at the individual patient level and at the community level. This part of the program is being emphasized by the Department due to its impact in maintaining improved levels of dental health among Nova Scotia children, and its complementary nature to the M.S.I. Dental Program.

The Dental Incentive Program continued to financially assist location of dentists to underserviced communities in the Province. Once again, the result of this program has been a better

distribution of dentists geographically and greater accessibility to dental care by more Nova Scotians.

- *AMBULANCE SUBSIDY* - - - The Ambulance Advisory Board was established by Order in Council in 1971 to assist the Province in the administration of the financial assistance program to ambulance operators. The Board is appointed by and makes recommendations to the Minister of Health on all aspects of ambulance services in the Province.

The Director of the Ambulance Subsidy Program reports to the Administrator of Community Health Services and is responsible for the day to day management of the Ambulance Subsidy Program.

The Director is responsible to ensure all residents of Nova Scotia have reasonable access to ambulance service using safe vehicles and appropriately qualified personnel. The Director is responsible to negotiate an agreement between the ambulance operators of Nova Scotia and the Province on a yearly basis and subsequently to administer the reimbursement of funds to approved ambulance operators. The Ambulance Subsidy Program provides funds to operate the Ambulance Attendants Training Program which is responsible for developing and maintaining the expertise of ambulance attendants.

During the fiscal year 1983-84 a total of 49,249 calls were carried out with total expenditures of $5,264,388.44. This represents a 5.2% increase in calls over fiscal 1982-83. There was a 21.3% increase in interhospital transfers during the same period.

- *PUBLIC HEALTH ENGINEERING DIVISION* - - - The Division of Public Health Engineering provides health related engineering services, both as required under the Health Act, and as a service to other government departments, municipalities, planning bodies, professional consultants and the general public.

The division includes eight regional public health engineers and a specialist public health engineer who report to the Director of Public Health Engineering. Each region is assigned as near as possible on a workload basis and can cover part of, or one or more Health Units. Regional Public Health Engineers perform

duties as specialists in Public Health Engineering and under the general direction of the Director, are responsible for advising, consulting, planning, inspecting and coordinating the technical plans, policies, procedures and programs at the Health Unit level. The engineering and inspection components are complementary to each other and a close liaison is maintained with the Chief Public Health Inspector.

Engineering plans, specifications, and reports of all water and sewage works, major subdivisions, school projects, milk pasteurization plants, campgrounds, trailer parks, swimming pools and construction and extensions to these projects are reviewed by the Public Health Engineers prior to departmental approval being given.

The Division is also responsible for the preparation and revision of regulations relating to any phase of environmental sanitation on a provincial basis, and for the review of municipal regulations made under the authority of the Health Act. Preparation of related inspection and report forms is also a function of the Division.

Educational and instructional activities are a major portion of the work program of the Division. Lectures are given to other health-related disciplines in all phases of environmental sanitation, papers are presented at professional conferences and meetings, and talks are given to community gatherings.

Division staff represent the Department on interdepartmental committees related to regional planning, solid waste disposal, subdivisions, housing, well drilling, campgrounds and trailer parks, planning and development, and other matters which require input from the Division. Federal/Provincial committees on such subjects as water quality, environmental contaminants and liaison with federal officials, also require participation by division staff, as well as many local, municipal or regional bodies. Divisional staff also participate actively in appropriate professional organizations, including Canadian Public Health Association, Public Health Association of Nova Scotia, American Water Works Association and the Nova Scotia Association of Professional Engineers.

- *OCCUPATIONAL HEALTH DIVISION* - - - Efforts were con-

tinued during the year to emphasize awareness of potential hazards in the work environment with special stress being placed on control and prevention. To achieve this, members of the division participated in educational training programs across the province and also provided consultation services in occupational health to industry, labour, other government departments and private individuals.

Increasing awareness of occupational health considerations has resulted in an increase in numbers of requests for on-site investigations and requests for information. Current projections indicate the need for this type of service will expand in the future.

The programs of this Division can be grouped under the following general headings - Industrial Hygiene, Radiation Protection and Occupational Nurse Consultants work.

- *INDUSTRIAL HYGIENE SECTION* - - - A large proportion of the section's activities consisted of inspections and requests for evaluation of specific health hazards associated with exposures to chemicals and to physical agents. As well, attention was also paid to identifying problems associated with urea formaldehyde, sprayed asbestos and isocyanate containing paints. A code of practice on entry into sewers/manholes, was also prepared and distributed directly to municipalities. (A repeat distribution of this code is planned for 1984.)

- *RADIATION PROTECTION SECTION* - - - The main effort of staff of this Section continued to be directed towards radiation surveillance program for hospitals, dentists and others using x-ray equipment. The surveillance included evaluations of actual and potential exposures to x-rays of both workers and patients, and included participation in the National Evaluation of X-ray Trends program operated by Radiation Protection Bureau. In addition, checks of licenses under the Atomic Energy Control Board, checks of radioactive materials in transit and other types of inspections were carried out. The section staff was also involved in giving lectures and in attendance at meetings with Federal and Provincial counterparts.

- *OCCUPATIONAL HEALTH NURSE CONSULTANT* - - - Through direct contact with Occupational Health Nurses in the province, with safety personnel and physicians of various companies working in industry, has helped to promote positive acceptance among a number of companies to development of new, or improvement of existing, occupational health services being provided by them. The nurse consultant has also promoted con-

trol and prevention of actual and potential health hazards at work through her lectures to and talks with occupational health nurses, community organizations and other interested groups. Her work has helped to publicize the work of the Occupational Health Division and has resulted in numbers of requests for evaluations of conditions at work from both management and unions.

- *PUBLIC HEALTH INSPECTION DIVISION* - - - The Division of Public Health Inspection function is carried-out through the seven (7) Health Units in the Province.

Inspectors are located stratigically in twenty-seven (27) offices throughout the Province, where they are able to provide service and consultation to Boards of Health, Municipal bodies, other departments of government, (both federal and provincial) and to the people within the community. The Chief Public Health Inspector, is responsible for technical competence of the inspection staff, program development and program monitoring as well as consultative services to the Health Units, other government departments and the general public. The Public Health Inspection Division works in close liaison with the Division of Public Health Engineering.

To ensure the duties of the Inspection Division include adequate preventive measure to protect the health of the community, the main duties of the Division are grouped under a number of headings, including: monitoring of public and private water supplies, on-site and municipal sewage disposal, food service areas, including eating establishments, foodshops, pasteurization plants, milk and milk products, bakeries, swimming pools, beaches, homes for special care, and tourist establishments.

The Health Inspection Stafff continue to be very active in the field of public and food handler education. Foodhandler education courses were offered to eating and foodshop establishment operators as well as foodhandlers in hospitals, homes for special care and waitress training schools. In cooperation with the Division of Public Health Engineering on-site sewage disposal installers courses as well as swimming pool operators courses were offered throughout the Health Units during 1983.

Surveillance of water supplies including chemical and bacteriological sampling of municipal supplies, schools, tourist establishments, trailer parks and swimming pools were major concerns as well as the provision of adequate on-site sewage disposal particularly in areas where soil conditions necessitated larger building lots and more expensive types of disposal systems.

HEALTH SUPPORT SERVICES

FINANCE

The first of the two accompanying schedules provide the expenditures for the fiscal year ended March 31, 1984 for the various health care services that are the responsibility of the Department of Health. A comparison is made of the costs for the year just ended with those of the previous twelve month period ended March 31, 1983. The Finance Division of the Department is concerned with the assembling and monitoring of the capital and operating budgets relating to these expenditures.

A staff administers the funding of the hospital insurance program including the psychiatric services. This program makes available both in-patient and out-patient services to every resident of Nova Scotia, both inside and outside the Province. Accounting Counsellors provide information to assist the hospitals with the preparation of their annual operating budgets and the interpretation of the subsequently approved budgets. The hospitals' records are reviewed to provide a basis for approving these budgets and for recommendations that are required for final settlements after the year end.

Expenditures by the Department for approved services and equipment in general hospitals totalled $434,359,421 in 1983-84 an increase of 10.35 per cent over the previous period, including new and expanded programs.

The amount of $33,848,008 for the cost of psychiatric services is 12.45 per cent over the 1982-83 level. The additional cost of operating new or expanded facilities in general hospitals such as Colchester, Yarmouth Regional and Valley Health Services has caused the rate of increase to exceed the normal rate of salary and expense increases.

The decrease in the cost of Capital Debt Assistance of 11.51 per cent is related to restrictions in Construction Programs caused by current fiscal restraints. Payments for capital debt assistance tend to decrease annually unless new long term financing is required.

The amount of $6,024,594 for construction grants is 39.36 per

cent below the 1982-83 level. There were four large construction projects included in 1982-83 where the grants exceeded one million dollars as compared with one, the completion of the Northside Harbour View Hospital in Sydney Mines during 1983-84.

The final group of expenditures on the schedule are the operating budgets for the programs and policies of the two areas of administration and community health. Included here are the costs of the eight regional health units, the public health nursing service, the public health inspection service, the nutrition service, the ambulance subsidy program, and the dental services provided to children. The promotion of health and the prevention of disease, along with the cost of administering the Department, totalled $26,420,917 in 1983-84, an increase of 9.34 per cent over the previous year. Generally this increase is accounted for by the effects of inflation on the cost of salaries and supplies.

A reciprocal billing procedure for out-patient services was adopted by all provinces except Quebec effective April 1, 1983. Out-patient services provided in Nova Scotia hospitals to residents of other provinces amounted to approximately $1,000,000 as compared with $605,000 paid to other provinces for services provided to residents of Nova Scotia.

The net cost to the Province for the various health care services amounted to $484,665,968 for the fiscal year ended March 31, 1984. The major causes of the 8.90 per cent rise from the level of the previous year were the impact of new and expanded services, the level of salary settlements, and the pressures of inflation on the other operating expenses in the hospitals.

The Division of Finance continued to be responsible for the third party liability operations through which the Department attempts to recover the amounts paid for hospital and medical services rendered as a result of the wrongful act of third parties. The second accompanying schedule provides a summary of the volume of claims received, processed, and remaining open during the year just ended, with a comparison of the volumes handled during the prior year. The dollars recovered towards the costs of hospital and medical services resulting from accidents for the year are also shown.

DEPARTMENT OF HEALTH
COMPARISON OF EXPENDITURES
FOR THE TWELVE MONTH PERIOD ENDED MARCH 31, 1984
(AND 1983 FOR COMPARISON)

	March 31 1984	March 31 1983	% Inc. (Dec.)
General Hospital Services			
In-Patient Services	$357,563,645	$326,599,438	9.48
Out-Patient Services	76,795,776	67,037,566	14.56
	$434,359,421	$393,637,004	10.35
Psychiatric Services	33,848,008	30,100,184	12.45
Hospital Construction			
Capital Debt Assistance	3,791,851	4,285,092	(11.51)
Construction Grants	6,024,594	9,934,615	(39.36)
	9,816,445	14,219,707	(30.97)
Health Administration & Programs			
Administration	5,995,555 (1)	5,397,744	11.08
Community & Environmental Health	20,425,362 (2)	18,766,236	8.84
	26,420,917	24,163,980	9.34
TOTAL EXPENDITURES	$504,444,791	$462,120,875	9.16
Deduct:			
Out-Of-Province Recoveries	18,786,305	15,763,763	19.17
Third Party Liability Claims	992,518	1,294,669	(23.34)
	19,778,823	17,058,432	15.95
Net Expenditures	$484,665,968	$445,062,443	8.90

NOTE: (1) The Ambulance Subsidy Program included in Administration costs in 1982-83 is now included in Community Health programs.

(2) Environmental Health is included in Community Health in 1983-84.

Expenditures for the year ended March 31, 1984 have been redistributed to conform with these changes.

DEPARTMENT OF HEALTH
THIRD PARTY LIABILITY RECOVERIES
FOR THE TWELVE MONTH PERIOD ENDED MARCH 31, 1984
(AND 1983 FOR COMPARISON)

	March 31 1984	March 31 1983
Files carried open as of April 1,	2,392	2,615
New files opened during the year	2,343	2,275
Total files under examination and negotiation	4,735	4,890
Files closed during the year	2,451	2,498
Files remaining open as of March 31,	2,284	2,392
Breakdown of Recoveries:		
For Hospital Costs	$875,179	$1,164,227
For Medical Costs	117,339	130,442
TOTAL RECOVERIES	$992,518	$1,294,669

INFORMATION SYSTEMS AND RESEARCH

The Information Systems and Research Division provides two general types of services to the Department, research and planning, and information processing. The research and planning activities include health manpower resource planning, health program evaluation, computer equipment and information system planning for both the Department and the hospitals throughout the Province, and health records consulting. Information processing includes processing of hospital and community health data, and preparation of statistical and computer reports.

- *HEALTH MANPOWER PLANNING* - - - The health manpower section is responsible for the planning and monitoring of human resources, primarily in the areas of manpower utilization, productivity, supply, distribution and education, and the development of comprehensive provincial health manpower policies to correct any perceived resource imbalance.

Physician manpower planning has remained a high priority area during 1983. As part of a national project, Nova Scotia has refined existing data on physician supplies, conducted a review of present physician requirements and developed a methodology to assess future physician demand. Provincially funded medical residency posts have been reduced to allow Nova Scotia to bear a smaller and more appropriate share of the cost of medical education within the Maritime region. Consideration is now being given to reducing undergraduate medical school enrollments to ensure that the production of physicians is in line with expected long-term demand. Concomitantly, steps will be taken to ensure a better provincial retention and regional distribution of physician manpower resources.

The table below sets out the major health professions and disciplines registered and resident in Nova Scotia during 1983.

Category			Number
Cardiology Technicians			39
Chiropractors			20
Dentistry	-	General Practitioners	284
	-	Specialists	45
	-	Hygienists	171
Dietitians			213
Laboratory Technologists			730
Medical Radiation Technologists			399
Medicine	-	General Practitioners	814
	-	Specialists	661
Nursing	-	Registered Nurses	8,319
	-	Certified Nursing Assistants	3,192
Occupational Therapists			72
Opticians			102
Optometrists			49
Pharmacy	-	Pharmacists	541
	-	Certified Dispensers	147
Physiotherapists			204
Psychologists			142
Social Workers			166

- *PROGRAM EVALUATION* - - - In fiscal year 1983-84 a comprehensive outcome monitoring study was developed for evaluating Psychiatric Day Hospital Programs in the Province. In addition, the functioning of the Provincial Cytology Register was reviewed. Background work was started and is in various stages of completion for a number of projects, including Diabetic Day Care, Laboratory Use, and Emergency Medical Services. In addition, consultant services were provided to a number of health related agencies.

- *DEPARTMENTAL SYSTEMS* - - - Highlights of the 1983-84 fiscal year are as follows:

(1) A new Community Health Nursing Activity Reporting system was implemented on the Department of Government Services mainframe computer. The purpose of the new system is to measure working time spent by nursing staff by individual program of activity, e.g. maternal and child health, nursing care, school health, etc., rather than by disease entity. The data entry function for that system was piloted on a microcomputer in the Department of Health Central Office. This pilot confirmed a decision to install microcomputers for data entry and other applications in the Health Units.

(2) A microcomputer was purchased for Head Office professional use, including database, spreadsheet and graphics software. In-house training sessions were started on an individual basis in order to educate staff on the capabilities of the microcomputer, as well as the details required to operate the package software.

(3) The Department of Health decided to convert the existing sequential tape file for the admissions and discharges from hospitals to a database file and initial design work was started. The system will remain a mainframe system.

(4) Programs to produce statistical reports on Day Surgery activity were being tested at year end. These reports will analyze the Day Surgery cases by region, type, and hospital.

- *HEALTH CARE STATISTICS* - - - The Health Care Statistics section processed the following forms during the year, with the data being entered into the computer at DGS, and stored and

maintained for regular and ad hoc reporting.

Hospital Admission/Separation Forms	*183,900*
Psychiatric In-Patient Forms	*5,700*
Psychiatric Out-Patient Forms	*134,000*
Public Health Inspectors' Inspection and Activity Forms	*72,000*
Community Health Nursing Activity Forms	*168,000*

A total of 300 requests for ad hoc information from the computer files were received and reports sent out in response. Over 2000 A/S reports were requested by hospitals for use in analyzing morbidity (ie. disease incidence) and utilization of facilities, a significant increase both in the number of reports and the number of hospitals now using the reports.

The new Public Health Inspectors system was run successfully throughout the year. Reports generated proved to be useful and a strict adherance to schedule was maintained.

- *HEALTH RECORDS CONSULTING* - - - The Health Records Consultant visited 35 hospitals and/or health related facilities in 1983-84, primarily to review operations and to provide advice on the various aspects of Admitting and Medical Record functions including changes in processing patient information.

Several hospitals requested help in planning for computerized systems. Work was under way at year end to co-ordinate a select group of experienced staff to be available and assist with this in the future.

Consulting assistance was given to a number of hospitals (Colchester, All Saints, Dawson, Aberdeen) undergoing expansion, regarding space and policies on retention and storage of records.

Besides monitoring data collection systems presently in use for in-patients and day surgery, a system was developed for collecting a sample of out-patient visits and this was begun in the Valley region on April 1, 1984.

A review of Medical Record Services for the Mental Health Division was begun late in the fiscal year, and assistance was

given to the Grace Maternity Hospital towards continuing conformity in Obstetrical documentation and expansion of the Obstetrical database for the Province.

- *HOSPITAL SYSTEMS* - - - The Hospital Systems Branch has two major functions. They are to advise the Department on issues relating to hospital information systems, and to assist hospitals in development of cost-effective computerized systems.

Regional Hospitals' Financial Systems -

A major activity is managing software maintenance contractors who install, maintain, and enhance the Nova Scotia Hospitals Financial System programs which are used in hospitals throughout the Province.

Significant events in this program through the year were as follows:

(1) Installation of payroll at Dawson Memorial and Colchester Hospitals.

(2) Installation of inventory at Aberdeen and Sydney City Hospitals.

(3) Numerous enhancements throughout the systems.

Patient Administration System -

The Department decided to accept the Patient Administration System piloted at the Dartmouth General Hospital, and to implement it in all regional hospitals during the next five years. A five-year plan covering all phases was completed and accepted by Management Board. Activity was underway at year end to install the system in the Grace Maternity Hospital, Halifax Infirmary, and Camp Hill Hospital.

Community Hospitals' Financial Systems -

A project was initiated to develop a smaller version of the Nova Scotia Hospitals Financial System for Community Hospitals. A prototype computer was acquired and work is underway in transferring the computer programs to this new system. It is hoped that a number of pilot sites will be under way by the end of the 84-85 fiscal year.

Victoria General Hospital -

A vendor was selected for the Ambulatory Care Center computer system, the computer was installed at the Provincial Data Center, and initial system development was underway at year end. The Central Index for the hospital will be automated on this computer, and from 1985 to 1987 the in-patient administration functions will be installed on this computer, including hospital-wide computer communications.

Cancer Treatment and Research Foundation -

A computer system was purchased and installed at the new Halifax Clinic in the Victoria General Hospital's Dickson Building. The system is the same as that in use in Ontario and British Columbia and will support both administration and research.

VITAL STATISTICS

The function of this Division is to carry out the administrative and clerical duties required in the administration of the Vital Statistics Act, the Solemnization of Marriage Act, and the Change of Name Act, to provide vital statistical data from the records filed under these Statutes as the need arises, and assist in the compilation and analysis morbidity and mortality statistics for the Department.

A total of 740 copies of orders for adoptions were received and filed, with the notation of the adoptions completed on the birth records of the adopted persons.

Other notations completed on records during the year totalled 933, legitimations completed totalled 233.

Questioning informants regarding missing or obviously incorrect information on current registrations resulted in a total of 2,319 queries from the office.

Letters received by the Division totalled 41,214, with outgoing letters totalling 34,139 including letters of query.

Changes of Name completed under the Change of Name Act totalled 332 for the year, with 109 duplicate certificates of Change of Name being issued.

Clergymen of all Denominations newly registered under the Solemnization of Marriage Act to perform marriages in the Province totalled 236. Clergymen whose names were removed from the Clergymen's Register during the year numbered 67.

Delayed registration of birth, being registrations completed more than one year following the date of birth, were completed and filed for 631 persons.

Registrations of current vital occurrences were filed as follows:

Births	*12,477*
Deaths	*8,121*
Stillbirths	*104*
Marriages	*6,491*

These figures represent the actual number of registrations of these events filed, and may differ slightly from the final vital statistics tables where the figures are stated by place of residence.

Certificates issued from the records during the year are as follows:

Type of Certificate	Total
All Certificates	44,388
(Birth) Short Form	81
(Birth) Long Form	1,610
(Birth) Wallet-size	35,689
(Death) Short Form	2,294
(Death) Long Form	256
(Marriage) Short Form	88
(Marriage) Long Form	9
(Marriage) Wallet-size	1,524
Photocopies	2,837

Searches of records for which a count was maintained totalled 44,663. Many hundreds of searches made to verify information for other Government Departments, and others where authority exists to do this work without charge, are not counted.

Due to the fact that tabulations of details from records of vital occurrences for the year 1983 cannot be completed until after this report will have been printed, specified causes of death and other detailed data cannot be included here. Such data will be available at a later date direct from the Deputy Registrar General, P.O. Box 157, Halifax, Nova Scotia, or from Vital Statistics Section, Statistics Canada, Ottawa.

PERSONNEL

In 1983-84, the department held its own with the Establishment remaining at 561 positions although there was an estimated cost reduction of $36,379 (see Tables 1 and 2.) There were 44 approved vacancies in 1983-84 compared with 43 in 1982-83. Thirty-four persons were appointed on a short term basis for the purpose of replacing staff absent for reasons such as maternity leave, etc.

The Department, in cooperation with the Civil Service Commission, provided 93 employees with short course training in such areas as pre-retirement planning, supervisory techniques and development courses for secretarial staff. This represents twice as many persons trained as in the previous year.

As in 1983-84 no positions were reclassified either upward or downward.

Absenteeism continues to be the major problem and cost with 5,825.5 days being lost in 1983-84 due to illness and 1,240 days lost as leave without pay. This is an increase of 11% over the previous year.

Eleven (11) employees retired from the Department of Health during the year, with an average of 22 years service per employee.

These people included:

Robert Bacon - Supervisor, P.H.I. - Fundy Health Unit
Mary Georgina Campbell - Consultant in Dietetics - Health Care Institutions
Dr. Cornelius Cusack - Dentist - Cape Breton Health Unit
Loretta Madden - C.H.N. - Northumberland Health Unit
Donald Maxner - P.H.I. - Lunenburg-Queens Health Unit
Jean MacDonald - Secretary - Northumberland Health Unit
Jean McLane - C.H.N. - Cobequid Health Unit
Gerald Reno - Administrative Assistant to the Deputy Minister and Director, Emergency Health Services
Edna Searle - Clerk - Fundy Health Unit
Dr. Francis Ralph Townsend - Administrator - Psychiatric Mental Health Services
Agnes Young - Secretary - Atlantic Health Unit

TABLE 1
ESTABLISHED POSITIONS

	March 31/83	March 31/84
Field C.H.N.'s and C.N.A.'s	202	202
Inspectors	66	66
Engineers	10	10
Dentists	6	5
Dental Assistants	5	5
Dental Hygienists	23	24
Nutritionists	8	8
Clerical	154	154
Consultants, Technical and Administration	87	87
TOTAL	561	561

TABLE 2
ESTABLISHMENT CHANGES WITH ESTIMATED DOLLAR VALUE
April 1/83 - March 31/84

	POSITIONS		ESTIMATED COST	
	Added	Deleted	Added	Deleted
Medical Staff (MS)	1	0	$54,652.	0
Professional Management (MCP, OIC)	0	2	0	$104,910.
Professional & Technical (PR) (TE)	1	0	$39,833.	0
Clerical (CL)	4	4	$64,743.	$63,720.
Nursing (HSN, HSA)	0	0	0	0
Inspection (TE)	0	0	0	0
Nutrition (PR)	0	0	0	0
Dental (TE, HSB)	1	1	$21,773.	$48,750.
	7	7	$181,001.	$217,380.
NET DELETED				$36,379.

TABLE 3
VACANCIES

	April 1, 1982 to March 31, 1983	April 1, 1983 to March 31, 1984
Consultants, Technical and Administration	6	5
Training Positions	0	1
Nursing	9	14
Engineering (Inspection)	6	8
Dental	2	3
Nutritionists	0	0
Clerical	20	13
TOTAL	43	44

TABLE 4
APPOINTMENTS AND SEPARATIONS

	APPOINTMENTS		SEPARATIONS	
	April 1/82 to March 31/83	April 1/83 to March 31/84	April 1/82 to March 31/83	April 1/83 to March 31/84
Deputy Minister's Office (including Personnel Division and H.S.I.C.)	0	1	0	2
Health Care Institutions	1	3	4	2
Finance Division	3	2	2	1
Information Systems and Research	0	3	1	1
Psychiatric Services	0	1	0	1
Community Health - Administration (Central Office and Health Units)	3	8	11	6
Nursing Services	7	13	9	8
Engineering Division (Engineers and Inspectors) & Occupational Health Division	2	4	6	5
Dental Division	2	3	5	2
Nutrition Services	0	0	1	0
Registration Services	2	5	4	3
TOTALS	20	43	43	31

LEGAL COUNSEL

A member of the Department of the Attorney General has been assigned to and physically located in the Department of Health since October, 1978. Responsibilities of Legal Counsel include direct responsibility to the Minister and Deputy Minister of Health on all matters in the health field. Advice to the Department is given in the main through senior staff officials on administrative, policy and legal matters in the areas of community and environmental health, health manpower (including regulation of health disciplines,) hospital operation and the Hospital Insurance Plan.

Legal Counsel deals on a regular basis with hospitals throughout Nova Scotia, especially in situations involving a hospital and the Department of Health. Considerable time is spent in the interpretation and application of statutes and regulations in the health care field, the review of hospital by-laws, the drafting of legislation, in-service legal education, and preparation of contracts and other documentation for consideration by the Executive Council, Policy and Management Boards.

The solicitor presently holding the position of Legal Counsel also acts as legal adviser to the Nova Scotia Commission on Drug Dependency, the Division of Vital Statistics, and the Victoria General Hospital.